

TUITION GRANT INFORMATION
West Michigan Dental Foundation

Enclosed, please find your requested application. Please review the following information carefully and submit the required forms by the due date listed below.

The West Michigan Dental Foundation (WMDF), in cooperation with several other dental organizations, is pleased to offer grants for tuition and books to qualified students currently enrolled in Dentistry, Dental Hygiene and Dental Assisting programs in the State of Michigan. The grant awards are based on the applicant's financial need, academic credentials, and the brief committee interview.

Each year the Tuition Grant Committee determines the number of grants that are offered, the value of each one and select students to be WMDF grant recipients. The maximum grant amounts vary year-to-year but can up to \$5000 for dental students, \$1000 for dental hygiene students \$1,000, and \$500 for dental assisting students. There is no obligation to repay these grants. It is the desire of the WMDF that the student will become a supportive member of the Foundation and the West Michigan dental community upon graduation.

The following criteria apply:

- The applicant must be a resident of or originally from one of the following West Michigan counties: Kent, Ionia, Mecosta, Montcalm or Ottawa.
- The applicant must be enrolled in a comprehensive dental program accredited by the American Dental Association Commission on dental accreditation.
- Dental students must have completed their first year of dental school prior to making application. Dental graduate students can be considered for a grant if they have not previously been awarded by the WMDF.
- Dental hygiene students must have completed their first semester of clinical dental hygiene classes prior to applying.
- Dental assisting students must have completed their first semester of dental assisting courses prior to applying
- The WMDF Tuition Grant is an award that may be received only one time per student.

The following information must be returned by the **January 15** deadline.

1. Your completed application
2. Your official transcript from the school where you are currently enrolled
3. Two letters of recommendation: ideally one from a school faculty member and one from a personal mentor (not a relative) who can speak to your character.
4. A color photograph of yourself to be featured in a magazine if you are selected as a recipient - This can be emailed to the Grant Committee Chairman

All information should be emailed to the grant committee chairperson at drmark@awbraces.com

If necessary, items can be mailed to: West Michigan Dental Foundation Tuition Grant Program
C/O Dr. Mark Wierenga, Chairman
3131 44th St SW
Grandville, MI 49418

Interviews will be scheduled for qualifying grant applicants mid-to-late February
If you have any further questions, please contact drmark@awbraces.com

Sincerely,

Mark Wierenga, Chairman
Tuition Grant Committee

**WEST MICHIGAN DENTAL FOUNDATION
TUITION GRANT APPLICATION**

| | |
|----------------------------|--------------------------------|
| Name _____ | Spouse name _____ |
| Current address _____ | Occupation _____ |
| City/State _____ Zip _____ | # of Children _____ Ages _____ |
| Phone _____ | # of Siblings _____ Ages _____ |
| Cell phone _____ | Father's name _____ |
| Email address _____ | Address _____ |
| Date of birth _____ | City/State _____ Zip _____ |
| County of birth _____ | Occupation _____ |
| SS # _____ | Mother's name _____ |
| Home Address _____ | Address _____ |
| City/State _____ Zip _____ | City/State _____ Zip _____ |
| County _____ | Occupation _____ |

EDUCATION:

High School _____ Year of Graduation _____ GPA _____
City _____ County _____

College _____ Dates attended _____ GPA _____
Major _____ Graduation date _____

College _____ Dates attended _____ GPA _____
Major _____ Graduation date _____

Other training or certification _____ Graduation date _____

Current School _____ Planned Graduation date _____

Degree you are seeking _____
Cost of tuition this school year _____
Current Educational Debt _____
Estimated Final Total Dental Education Debt _____

EMPLOYMENT AND VOLUNTEER EXPERIENCE:

Current place of employment _____

Job title _____ Average hours per week _____

Are you eligible for tuition reimbursement from your employer? _____

If so, how much per year? _____

List any previous employment during the past five years (include dates):

Current or previous community involvement or volunteer experience:

FINANCIAL INFORMATION: Enclose a copy of current FAFSA or complete this section.

APPLICANT: (including spouse if applicable):

PARENT(S):

Estimated income before taxes for current year:

Estimated income before taxes for current year:

Personal _____

Father _____

Spouse _____

Mother _____

Do you own a home or rent? _____

Do your parents own their home?

Father _____ Mother _____

List your major monthly expenses:

Housing \$ _____

\$ _____

Food \$ _____

\$ _____

Transportation \$ _____

\$ _____

Insurance \$ _____

\$ _____

Medical \$ _____

\$ _____

Other \$ _____

\$ _____

List any loans, grants, or other assistance and the yearly amount for the next school year:

_____ \$ _____
_____ \$ _____
_____ \$ _____

List any association memberships and extra curricular activities you have been involved in:

Please type a paragraph or two about:

- your personal goals
- your educational goals
- explain any special circumstances which create a financial need for you

(You may attach a separate sheet as needed)

If you meet eligibility requirements, we will contact you to schedule an interview.

Interviews will typically be 20 minutes in length and scheduled on Fridays and Saturdays

I hereby acknowledge that all information on this application is correct to the best of my knowledge. I understand that the information on this form is strictly confidential and will be used only by the West Michigan Dental Foundation Tuition Grant committee. I give consent to the committee to verify any information on this application to determine grant eligibility.

Signature _____ Date _____

Please email completed application to DrMark@AWbraces.com by January 15
WE LOOK FORWARD TO MEETING YOU!